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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/454,239 03/13/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*JLC*  
*5/22/07*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

28509

## TITLE

Cathepsin S inhibitors

<b>FILING FEE RECEIVED</b> 1146	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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